

P49153 24600

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

Original Supplemental Substitute PCT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: Method of typing of minor histocompatibility antigen HA-1

which is described and claimed in:

the attached specification, or
 the specification in the application Serial No. 23 March 1999 filed 23 March 1999;
and with amendments through (if applicable),
 the specification in International Application No. PCT/EP98/04928, filed 23 July 1998,
and as amended on (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
EPO	97202303.0	23 July 1997	(<input checked="" type="checkbox"/>) YES (<input type="checkbox"/>) NO
EPO	98870125.6	2 June 1998	(<input checked="" type="checkbox"/>) YES (<input type="checkbox"/>) NO
			(<input type="checkbox"/>) YES (<input type="checkbox"/>) NO
			(<input type="checkbox"/>) YES (<input type="checkbox"/>) NO
			(<input type="checkbox"/>) YES (<input type="checkbox"/>) NO
			(<input type="checkbox"/>) YES (<input type="checkbox"/>) NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

SERIAL NO.	U.S. FILING DATE	STATUS
		() Patented () Pending () Aband () Patented () Pending () Aband

I hereby appoint Robert D. Katz (Reg. No. 30141); Ivan S. Kavrukov (Reg. No. 25161); Christopher C. Dunham (Reg. No. 22031); Norman H. Zivin (Reg. No. 25385); John P. White (Reg. No. 28678); Peter J. Phillips (Reg. No. 29691); and Richard F. Jaworski (Reg. No. 33515), and each of them, all c/o Cooper & Dunham LLP of 1185 Avenue of the Americas, New York, New York 10036 (Tel: 212-278-0400), as my attorneys, each with full power of substitution and revocation to prosecute this application, to make alterations and amendments therein, to receive the patent, to transact all business in the Patent and Trademark Office connected herewith and to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty. Please address all communications, and direct all telephone calls, regarding this application to: ROBERT D. KATZ, Reg. No. 30,141, Cooper & Dunham LLP, 1185 Avenue of the Americas, New York, New York 10036, Tel. (212) 278-0400

1-00
1991-04-19

FULL NAME OF 1ST INVENTOR	FAMILY NAME <u>Goulmy</u>	FIRST GIVEN NAME <u>Elsa</u>	SECOND GIVEN NAME <u>Afra, Julia, Maria</u>	
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RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
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RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor Goulmy Date 19 April 1999

2nd Inventor _____ Date _____

3rd Inventor _____ Date _____

4th Inventor _____ Date _____

5th Inventor _____ Date _____

6th Inventor _____ Date _____